

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90044 031 ****50.00

DOCUMENT # L01000003907

1. Entity Name

HARMONY FOOD SERVICES, L.L.C.



Principal Place of Business

**2033 MAIN ST
SUITE 100
SARASOTA FL 34237
US**

Mailing Address

**2033 MAIN ST
SUITE 100
SARASOTA FL 34237
US**

2. Principal Place of Business

2992 SEASONS BLVD
Suite, Apt. #, etc.

3. Mailing Address

2992 SEASONS BLVD.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number **62-1834749**

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, THEODORE
2033 MAIN ST
SUITE 100
SARASOTA FL 34237**

Name

BOWERY, ERNEST B III

Street Address (P.O. Box Number is Not Acceptable)

2992 SEASONS BLVD

City

SARASOTA

FL

Zip Code

34240

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ernest B Bowery III

2/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete
NAME **TAYLOR, EARL R**
STREET ADDRESS **7301 DUNS福德 LANE**
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **VP** ☐ Delete
NAME **BOWERY, EARNEST B III**
STREET ADDRESS **2992 SEASONS BLVD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **VP** ☐ Delete
NAME **SHERWOOD, LARRY**
STREET ADDRESS **#3 BLACKBERRY CT**
CITY-ST-ZIP **JOHNSON CITY TN 37601**

TITLE **S** ☐ Delete
NAME **COSBY, LEWIS F**
STREET ADDRESS **10215 THIMBLE FIELDS DR**
CITY-ST-ZIP **KNOXVILLE TN 37922**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ernest B Bowery III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/17/03 941-504-6970

CR2E083 (10/02)

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